

10/7/32822

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO:

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	/					
4	/					
5	/					
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7	/					
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38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	3					
45	3					
46	3					
47	3					
48	3					
49	3					
50	3					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51	/					
52		/				
53		/				
54		/				
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100						
TOTAL IND.	8					
TOTAL DEP.	18					
TOTAL CLAIMS	76					